

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Of	ffice Use:	
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Statement of Committee Organization

1.	Statement Information				
	Date: 9-28-16		Officer info		
	Type: New Amended (if amending, enter MEC ID COOK	& section ch	anged Officer info		
2.					
	Mercer County Republican Central Committee				
	30586 Highway A Princeton, MO 64673		(660 ₎ 748-3777		
	Committee Mailing Address, City, State, & Zip	County Clerk	Telephone Number		
	N. A.	County Clerk or Board of Election Commission	oners		
	Committee Type: Campaign Candidate Continuing	PAC) Debt Service Expl	oratory / Political Party		
3.	Treasurer/Deputy Treasurer Information				
	Dena Reger	_			
	Treasurer's Name (First & Last) 30586 Highway A	, 660 \ 748-3777	, 660 , 748-6011 cell		
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number		
	None				
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)			
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number		
4.	Additional Committee Information	21057 Highway C. D	ringston MO 64672		
	Carolyn Sealine, President Additional Committee Officer's Name & Title (if any)	21057 Highway C P	·		
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	Connected Organization's Name (If any)	Connected Organization's Mailing Address, C	ity, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on l	pack) 🕜 No		
5.	Official Bank Account Information (required by all committees)				
_	the contract of the contract o				
.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)			
	Name & Mailing Address City State & Support Canadidate	() Telephone Number (Candidate Committees C	(vince		
	AWILIVUIVILIVI				
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
	Signature(s) Check certification(s) & sign (required by all comm	nittees)			
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I				
i	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
(Mena Keger				
Committee Treasurer Candidate (Candidate Committees Only)					

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.